

Lifeguard Certification Course

Application

Spring 2010

Please print legibly. This application serves as a declaration of interest in lifeguarding. Minimum 10 people must declare interest prior to arranging a class. When the minimum is reached and class schedule finalized, you will be contacted. There is a \$200 instructional fee payable to UMass Boston Athletics to be collected at least 48 hours prior to the first class session.

Name _____ Student I.D. # _____

Date of Birth _____ Gender: _____M _____F

Phone _____

Address: Street _____

City/State _____ Zip _____

In case of Emergency, contact:

Name _____ Number _____

Has a doctor ever told you that you have had any of the following (check if yes):

- | | |
|---|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Irregular Heart Beat | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Valve problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Angina Chest (pain) | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bone/Joint Problems |

Please Explain: _____

Do you have any medical condition—including recent illness, pregnancy or Surgery—for which a physician has recommended some restrictions on activity?

Are you taking any medications? (name and reason) _____

Has anyone in your immediate family (mother, father, sister, brother) had a heart attack or any other heart related problems? Explain.

Release of Liability: I hereby agree that all of the information on this is current and accurate to the best of my knowledge. I understand that strenuous physical activity, including swimming in a swimming pool, is required for the completion of this course. I assume all risks associated with completing this course. In consideration of your accepting this application, I hereby for myself and my heirs, executors, or administrators, waive and release all rights and claims for damages I may have against the University of Massachusetts Boston, the Division of Athletics, Recreation, Special Programs and Projects, any sponsors, all staff members including Lifeguards and Lifeguard Instructors, and any other individuals or organizations associated with this course, for any death, personal injury, or property damage arising from or in the course of my participation in this course.

Signature: _____ Date: ____/____/____

Staff only: Completed application _____ \$200 Fee, payable to UMass Boston Athletics _____